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Approved for use through 10/31/2002. OMB 0651-0032

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A TRICE PATENT APPLICATION FEE DETERMINATION RECOR									Application of Docket Number					
											12873	.04734	·	
CLAIMS AS FILED - PART I (Cohumn 1)						(Column 2)			SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOR		NUMB	NUMBER FILED			EXTR	A	RATE		FEE		RATE	FEE	
	SIC FEE CFR 1.16(a))	est i			Aras -				4	s	OR		\$	
TOT	AL CLAIMS OFR 1.16(c))		26 minus 20		•	6		x S			OR	x \$ 18 =	108	
IND	EPENDENT CLA	AIMS	5 minus 3 =		•	2	2		x=		OR	x 86 =	172	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR					. L.16(d))			+_	=		OR	+=		
* If the difference in column 1 is less then zero, enter "0" in column 2									DTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SM	IALL	ENTITY	OR	OTHER T		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIC NU PREV	THEST THEST THEST TOUSLY TOUSLY TO FOR	PRE	SENT TRA	RATE	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total (37 CFR 1.16(c))	* 26	Minus	**	26	=	0	x \$_			OR	x \$ <u>50</u> =	. 0/	
	Independent (37 CFR 1.16(b))	• 5	Minus	***	5	=	0	x _		1	OR OR	x <u>200</u> =	/0	
	FIRST PRESENTATION OF MULTIPLE DEPE			ENDENT CLAIM (37 CFR 1.16(d))			+_	=		OR	+ _ =			
(Column 1) (Column 2)							ımı))	T(ADDIT	OTAL FEE		OR A	TOTAL DDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	GHEST IMBER IOUSLY ID FOR		SENT TRA	RAT	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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Y	FIRST PRESENTATION OF MULTIPLE DEPEND				T CLAIM	(37 CF)	R 3.16(d))	+_			OR	+=		
(Column 1) (Column 2)						(Coh	.mn 3)		OTAL T. FEE		OR	TOTAL DDIT. FEE		
AMENDMENT C	a, 13.	CLAIMS REMAINING AFTER AMENDMENT		NU PREV	THEST TMBER TIOUSLY TO FOR		SENT TRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	Independent (37 CFR 1.16(b))	•	Minus	***		=		× _	=		OR OR	x =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))							+_	=		OR	+=		
• If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".													

** If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. I time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.